RECEIVED
AUG 19 2016
S.D. SEC. OF STATE

# CANDIDATE
# Statement of Financial Interest

**Who files:** All candidates for *State and Federal office* (US Senate and House of Representatives, Governor, circuit court judge, the State Legislature and a Supreme Court Justice; SDCL 12-25-28); *Convention nominees* (Lieutenant Governor, State Treasurer, Attorney General, Secretary of State, State Auditor, Public Utilities Commissioner and Commissioner of School and Public Lands; SDCL 12-25-29); and candidates for *Local Office* (County Commissioner, School Board Member in a school district with a total enrollment of more than 2,000 students or Commissioner, Council Member or Mayor in 1st Class Municipalities; SDCL 12-25-30).

Filed this 19th day of August 2016
Shantel Krebs
SECRETARY OF STATE

**Deadline to file:** Within 15 days after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

**File with:** The Secretary of State except local candidates file with the office where they file their nominating petition.

**Please print:**
Full Name Leona Rose Wieland

Complete Address 6212 W Coughran CT, Sioux Falls, SD 57106

Office Sought *(list District number if applicable)* SD House Dist. 11

What is your occupation/profession? Retired

List any **enterprise** (any business or economic relationship) which accounted for **more than 10%** of or contributed **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year or an enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock.** Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

| **Name of Candidate or Family Member** | **Name of Enterprise** | **Enterprise Relationship** (Ex: employee, officer, director, associate, shareholder, member, partner, proprietor, etc.) |
|---|---|---|
| Leona Wieland | Social Security | self |
| Leona " | Pension | self |
| Leona " | Jackson Natl. Life Ins. Co. | only self know (deceased spouse) 4/2016 |
| | | |

I declare under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of my financial interests for the preceding calendar year.

Leona Wieland
(Signature)

August 16, 2016
(Date)

*last updated April 27, 2016*

Original

RECEIVED
AUG 17 2016
S.D. SEC. OF STATE

Filed this 17th day of August 2016
Shantel Krebs
SECRETARY OF STATE

# CANDIDATE
# Statement of Financial Interest

**Who files:** All candidates for *State and Federal office* (US Senate and House of Representatives, Governor, circuit court judge, the State Legislature and a Supreme Court Justice; SDCL 12-25-28); *Convention nominees* (Lieutenant Governor, State Treasurer, Attorney General, Secretary of State, State Auditor, Public Utilities Commissioner and Commissioner of School and Public Lands; SDCL 12-25-29); and candidates for *Local Office* (County Commissioner, School Board Member in a school district with a total enrollment of more than 2,000 students or Commissioner, Council Member or Mayor in 1st Class Municipalities; SDCL 12-25-30).

**Deadline to file:** Within 15 days after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

**File with:** The Secretary of State except local candidates file with the office where they file their nominating petition.

**Please print:**
Full Name Leona Rose Wieland

Complete Address 6212 W Coughran CT, Sioux Falls, SD 57106

Office Sought *(list District number if applicable)* SD House Dist. 11

What is your occupation/profession? Retired

List any **enterprise** (any business or economic relationship) which accounted for **more than 10%** of or contributed **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year or an enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock.** Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

| **Name of Candidate or Family Member** | **Name of Enterprise** | **Enterprise Relationship** (Ex: employee, officer, director, associate, shareholder, member, partner, proprietor, etc.) |
|---|---|---|
| Leona Wieland | Social Security | self |
| Leona " | Pension | self |
| Leona " | Jackson Natl. Life Ins. Co. | only self know (deceased spouse) 4/2016 |
| | | |

I declare under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of my financial interests for the preceding calendar year.

Leona Wieland
(Signature)

August 16, 2016
(Date)

*last updated April 27, 2016*

Scan copy